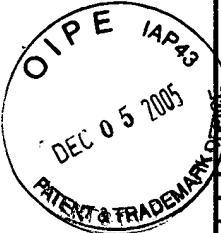


WCLM

PTO/SB/07 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10/765,116

Filing Date

1/25/2004

Applicant(s)

Evans, Collin

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| 25 | 1 | | | | | |
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| 27 | | 1 | | | | |
| 28 | | (3) | | | | |
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| 32 | 1 | | | | | |
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| 37 | 1 | | | | | |
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| Total Indep | 5 | | | | | |
| Total Depend | 50 | | | | | |
| Total Claims | 55 | | | | | |
| 51 | | 1 | | | | |
| 52 | | 1 | | | | |
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| 100 | | | | | | |
| Total Indep | 3 | | | | | |
| Total Depend | 32 | | | | | |
| Total Claims | 35 | | | | | |

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